

EPA Region 5 Records Ctr.



325137

REFERENCE: 81

IDNR. Record of Water Wells. Various dates 11/26/08 and 11/28/08.



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County / State Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled: **Elkhart** Civil township name: **Osolo** Township number (N-S): Range number (E-W): Section:

Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side.

Take CR 106 East of
CR 13 To Lane st.

UTM Northing
UTM Easting
Datum ☐ NAD 27 ☐ NAD 83
GPS used
Subdivision name & lot number (if applicable)

Well address:

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER CONTRACTOR

Well owner-name: **Knoll** Telephone number: **264-4481**

Address (number and street, city, state, ZIP code): **53514 Lane St Elkhart IN 46514**

Building contractor-name: Address (number and street, city, state, ZIP code): Telephone number:

Drilling contractor-name: **Taber's Well Drilling** Address (number and street, city, state, ZIP code): **10100 Harrison Rd. Osceola** Telephone number: **674-8746**

Equipment operator-name: **Scott Taber** License number of operator: **175** Date of well completion: **11/26/08**

CONSTRUCTION DETAILS

WELL LOG

Use of well	Drilling method	Type of pump	FORMATIONS: Type of material	From (feet)	To (feet)
<input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other:	<input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other:	<input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: Pump depth setting (feet)	Well Size (DIA)	2"	
			Well Depth	30'	
			Static level	12'	
			Depth Cut below Grade	2'	
			Sealing Material	Bentonite	
			Amount	34 lbs	
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No			
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel			
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel			
Screen slot size	Water quality (clear, odor, etc.)				

WELL CAPACITY TEST

Test method	Static level below surface	Gallons per min.	Hours tested	Drawdown (change in level)
<input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	feet			feet

GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative: **Scott Taber** MUST BE SIGNED OR STAMPED

Date:

001A

County		Township		Range		1/4 of		1/4 of		1/4 of		Section	
SGS topo map		Ft W of EL		Ground elevation		Reserve or grant name						Reserve No	
Field location		Ft N of SL		Depth to bedrock		Subdivision name						Lot number	
Date		Ft E of WL		Bedrock elevation		UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water		UTM Northing					
IRREGULAR AND SURVEY other than 2nd Principal Meridian		<input type="checkbox"/> GT Greenville Treaty area (1st Prin. Merid.) <input type="checkbox"/> MD Vincennes donations and grants <input type="checkbox"/> CMG Clark Military Grant (sections 1-298) <input type="checkbox"/> MRL Michigan Road Land (sections 1-45) <input type="checkbox"/> Reserve granted by treaty (name above)		Ft S of NL		Aquifer elevation		UTM Easting					

WELL LOG (continued from front)			COMMENTS	
FORMATIONS: Type of material	From (feet)	To (feet)		
			<div style="text-align: center;"> <p>MAP INSERT OR SKETCH SHOWING LOCATION</p> <p>Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.</p> <p>NORTH</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">2" Gal well</div> <div style="text-align: center;"> <p>8 FT</p> <p>3 FT</p> </div> </div> </div>	



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Indiana Dept. of Natural Resources
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2841
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number	
DNR Variance Number	
Include if applicable	

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
Well address:			Subdivision name & lot number (if applicable)	

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER / CONTRACTOR

Well owner—name Cahey		Telephone number 264-0428
Address (number and street, city, state, ZIP code) 2405 Lane ST Elkhart IN 46514		
Building contractor—name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor—name Taber's Well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator—name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS

WELL LOG

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____	Pump depth setting (feet)	FORMATIONS: Type of material		From (feet)	To (feet)
				Well Size (DIA)		2"	
Total depth of well (feet)		Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Depth		25 FT	
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Other: _____	Static level		12 FT	
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Other: _____	Depth Cut below Grade		2 FT	
Screen slot size	Water quality (clear, odor, etc.)			Sealing Material		Bentonite	
				Amount		30 cbs	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
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**RECORD OF WATER WELL**

State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES

Division of Water

402 W. Washington St., Rm. W264

Indianapolis, IN 46204-2641

(877) 928-3755 toll-free or (317) 232-4160

Number

DNR Variance

Number

Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
Well address:			Subdivision name & lot number (if applicable)	

OWNER/CONTRACTOR

Well owner-name McAtee		Telephone number 361-0853
Address (number and street, city, state, ZIP code) 53532 Lane St Elkhart IN 46514		
Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor-name Taber's Well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator-name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS**WELL LOG**

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____	FORMATIONS: Type of material		From (feet)	To (feet)
			Pump depth setting (feet)			
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Size (DIA)		2"	
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Well Depth		24'	
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Static level		12'	
Screen slot size	Water quality (clear, odor, etc.)		Depth Cut below Grade		2'	
			Sealing Material		Bentonite	
			Amount		29 CBS	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING**WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative MUST BE SIGNED OR STAMPED

Scott Taber

Date

005

County	Township	Range	1/4 of 1/4 of 1/4			Section
USGS topo map	Ft W of EL	Ground elevation	Reserve or grant name			Reserve No
Field location	Ft N of SL	Depth to bedrock	Subdivision name			Lot number
by Date	Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water	UTM Northing		
IRREGULAR LAND SURVEY other than 2nd Principal Meridian	Ft S of NL	Aquifer elevation		UTM Easting		
<ul style="list-style-type: none"> ○ GT Greenville Treaty area (1st Prin. Merid.) ○ MD Vincennes donations and grants ○ CMG Clark Military Grant (sections 1-298) ○ MRL Michigan Road Land (sections 1-45) ○ Reserve granted by treaty (name above) 						

[illegible]

**RECORD OF WATER WELL**
State Form 35680 (R5 / 9-04)INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160Number _____
DNR Variance _____
Number _____
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
Well address:			Subdivision name & lot number (if applicable)	

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole**OWNER CONTRACTOR**

Well owner—name Kershner		Telephone number 264-5262
Address (number and street, city, state, ZIP code) 53535 Lane St Elkhart IN 46514		
Building contractor—name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor—name Taber's well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator—name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS**WELL LOG**

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____	FORMATIONS: Type of material	From (feet)	To (feet)
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Size (DIA) 2" 2"		
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____	Well Depth 30' 30'		
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____	Static level 12' 12'		
Screen slot size	Water quality (clear, odor, etc.)		Depth Cut below Grade 2' 2'		
			Sealing Material Benotone		
			Amount 31 lbs 29 lbs		
			2 wells		
			Signature Driller		
			Inspector		

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING**WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
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County		Township	Range	1/4 of			Section	
SGS topo map		Fl W of EL	Ground elevation	Reserve or grant name			Reserve No	
Field location		Depth to bedrock	Subdivision name			Lot number		
y Date		Ft N of SL						
IRREGULAR AND SURVEY other than 2nd Principal Meridian		○ GT Greenville Treaty area (1st Prin. Merid) ○ MD Vincennes donations and grants ○ CMG Clark Military Grant (sections 1-298) ○ MRL Michigan Road Land (sections 1-45) ○ Reserve granted by treaty (name above)		Bedrock elevation		UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water		UTM Northing
		Ft E of WL		UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water		UTM Easting		
		Ft S of NL						

COMMENTS

[illegible]

MAP INSERT OR SKETCH SHOWING LOCATION

Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.

A hand-drawn sketch showing a rectangular building. To the left of the building, a vertical line extends upwards, with an arrow pointing up labeled '3 FT' and a horizontal arrow pointing left labeled '18 FT'. Above this line is the handwritten text '2" G-9 / well'. To the right of the building, a vertical line extends downwards, with an arrow pointing down labeled '3 FT' and a horizontal arrow pointing right labeled '2 FT'. Below this line is the handwritten text '0 2" G-9 / well'. The sketch is oriented with 'NORTH' at the top, 'SOUTH' at the bottom, 'WEST' on the left, and 'EAST' on the right.

**RECORD OF WATER WELL**

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Indiana Dept. of Natural Resources
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number _____
DNR Variance Number _____

Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
Subdivision name & lot number (if applicable)				

Well address:

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole**OWNER CONTRACTOR**

Well owner-name waddell		Telephone number 361-4871
Address (number and street, city, state, ZIP code) 53548 Lane St Elkhart IN 46514		
Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor-name Taber's well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator-name Scott Taber	License number of operator 175	Date of well completion

CONSTRUCTION DETAILS**WELL LOG**

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____	FORMATIONS: Type of material	From (feet)	To (feet)
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Size (DIA)	2"	
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Well Depth	25 FT	
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Static level	12 FT	
Screen slot size	Water quality (clear, odor, etc.)		Depth Cut below Grade	2 FT	
			Sealing Material	Bentonite	
			Amount	28 CBS	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING**WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
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[illegible]



RECORD OF WATER WELL

State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

Number
DNR Variance
Number
include if applicable

Fill in completely

WELL LOCATION				
County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
Well address:			Subdivision name & lot number (if applicable)	
If drilled for water supply, this well is: <input type="checkbox"/> First well on property <input type="checkbox"/> Replacement well <input type="checkbox"/> Additional well on property <input type="checkbox"/> Dry hole				
OWNER CONTRACTOR				
Well owner-name Reagon			Telephone number	
Address (number and street, city, state, ZIP code) 53553 Lane St Elkhart IN 46514				
Building contractor-name		Address (number and street, city, state, ZIP code)		Telephone number
Drilling contractor-name Taber's Well Drilling		Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola		Telephone number 674-8746
Equipment operator-name Scott Taber		License number of operator 175		Date of well completion 11/26/08
CONSTRUCTION DETAILS			WELL LOG	
Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____		Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____		Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____
Total depth of well (feet)		Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	FORMATIONS: Type of material
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Other: _____	From (feet)
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Other: _____	To (feet)
Screen slot size	Water quality (clear, odor, etc.)		Pump depth setting (feet)	
Well Capacity Test				
Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface	Gallons per min.	Hours tested	Drawdown (change in level)
Grouting				
Well Abandonment				
Grout material	Grout depth from to	Sealing material	Depth filled from to	
Installation method	No. of bags used	Installation method	No. of bags used	
Additional space for well log and comments on reverse side				
I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.		Signature of drilling contractor or authorized representative Scott Taber		
		MUST BE SIGNED OR STAMPED		Date

[illegible]



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

Number
DNR Variance
Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled **Elkhart** Civil township name **Osolo** Township number (N-S) Range number (E-W) Section

Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side.

Take CR 106 East of
CR 13 To Lane st.

UTM Northing
UTM Easting
Datum ☐ NAD 27 ☐ NAD 83
GPS used
Subdivision name & lot number (if applicable)

Well address:

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER CONTRACTOR

Well owner-name **Browning** Telephone number **262-8552**

Address (number and street, city, state, ZIP code) **53564 Lane St Elkhart IN 46514**

Building contractor-name Address (number and street, city, state, ZIP code) Telephone number

Drilling contractor-name **Taber's well Drilling** Address (number and street, city, state, ZIP code) **10100 Harrison Rd. Osceola** Telephone number **674-8746**

Equipment operator-name **Scott Taber** License number of operator **175** Date of well completion **11/26/08**

CONSTRUCTION DETAILS

Use of well
☐ Home
☐ Public supply
☐ Industrial / commercial
☐ Livestock
☐ Irrigation
☐ Monitoring / environ.
☐ Test hole
Other: _____

Drilling method
☐ Rotary
☐ Reverse rotary
☐ Cable tool
☐ Jet
☐ Bucket / bore
☐ Auger (including HSA)
☐ Direct push
Other: _____

Type of pump
☐ Submersible
☐ Shallow-well jet
☐ Deep-well jet
☐ No pump installed
Other: _____

Pump depth setting (feet)

Total depth of well (feet) **Borehole diameter (in.)** **Gravel pack inserted** ☐ Yes ☐ No
Casing length (feet) **Casing diameter (in.)** **Casing material** ☐ PVC ☐ Steel
Other: _____
Screen length (feet) **Screen diameter (in.)** **Screen material** ☐ PVC ☐ Steel
Other: _____
Screen slot size **Water quality (clear, odor, etc.)**

FORMATIONS: Type of material **From (feet)** **To (feet)**

Well Size (DIA) **2"**
Well Depth **28 FT**
Static level **12 FT**
Depth Cut below Grade **2 FT**
Sealing Material **Bentonite**
Amount **26 CBS**

WELL CAPACITY TEST

Test method **Static level below surface** **Gallons per min.** **Hours tested** **Drawdown (change in level)**
☐ Air
☐ Bailing
☐ Pumping

Signature Driller
Inspector

GROUTING

WELL ABANDONMENT

Grout material **Grout depth from to** **Sealing material** **Depth filled from to**

Installation method **No. of bags used** **Installation method** **No. of bags used**

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete
Signature of drilling contractor or authorized representative **Scott Taber** MUST BE SIGNED OR STAMPED Date

014014



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2841
(877) 928-3755 toll-free or (317) 232-4160

Number _____
DNR Variance _____
Number _____
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing UTM Easting Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 GPS used Subdivision name & lot number (if applicable)	
Well address:				

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER/CONTRACTOR

Well owner-name Smith		Telephone number 264-2245
Address (number and street, city, state, ZIP code) 53569 Lane St Elkhart IN 46514		
Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor-name Taber's Well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator-name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS

WELL LOG

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____ Pump depth setting (feet)	FORMATIONS: Type of material		From (feet)	To (feet)
			Well size (DIA)		4"	
Total depth of well (feet)		Borehole diameter (in.)	Well Depth		50 FT	
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Static level		12 FT	
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Depth cut below grade		2 FT	
Screen slot size	Water quality (clear, odor, etc.)		Sealing Material		Bentonite	
			Amount		195 LBS	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	------------------------------------	------------------	--------------	------------------------------------

GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
--	---	---------------------------	------

Well driller does not fill out this section

County	Township	Range	1/4 of 1/4 of 1/4		Section
USGS topo map	Ft W of EL	Ground elevation	Reserve or grant name		Reserve No
Field location	Ft N of SL	Depth to bedrock	Subdivision name		Lot number
Date	Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water		UTM Northing
IRREGULAR LAND SURVEY other than 2nd Principal Meridian	Ft S of NL	Aquifer elevation			UTM Easting
o GT Greenville Treaty area (1st Prin. Merid.) o MD Vincennes donations and grants o CMG Clark Military Grant (sections 1-298) o MRL Michigan Road Land (sections 1-45) o Reserve granted by treaty (name above)					

WELL LOG (continued from front)			COMMENTS
FORMATIONS: Type of material	From (feet)	To (feet)	<p align="center">MAP INSERT OR SKETCH SHOWING LOCATION</p> <p align="center"><i>Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.</i></p> <div style="text-align: center;"> <p>NORTH</p> <p>WEST</p> <p>EAST</p> <p>SOUTH</p> </div>

**RECORD OF WATER WELL**

State Form 35680 (R5 / 9-04)

Indiana Department of Natural Resources
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit
Number
DNR Variance
Number

Include if applicable

Fill in completely

WELL LOCATION														
County where drilled Elkhart		Civil township name Osolo		Township number (N-S)		Range number (E-W)		Section						
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.						UTM Northing								
						UTM Easting								
						Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83								
						GPS used								
						Subdivision name & lot number (if applicable)								
Well address:														
If drilled for water supply, this well is: <input type="checkbox"/> First well on property <input type="checkbox"/> Replacement well <input type="checkbox"/> Additional well on property <input type="checkbox"/> Dry hole														
OWNER / CONTRACTOR														
Well owner--name Burns						Telephone number 264-6702								
Address (number and street, city, state, ZIP code) 53584 Lane St Elkhart IN 46514														
Building contractor--name			Address (number and street, city, state, ZIP code)				Telephone number							
Drilling contractor--name Taber's well Drilling			Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola				Telephone number 674-8746							
Equipment operator--name Scott Taber			License number of operator 175			Date of well completion								
CONSTRUCTION DETAILS					WELL LOG									
Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other:		Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other:		Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other:		FORMATIONS: Type of material		From (feet)	To (feet)					
						Well size (DIA)		2"						
						Well Depth		20 FT						
						Static level		12 FT						
						Depth Cut below Grade		2 FT						
Total depth of well (feet)		Borehole diameter (in.)		Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No		Sealing Material Bentonite								
Casing length (feet)		Casing diameter (in.)		Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel		Amount		20 LBS						
Screen length (feet)		Screen diameter (in.)		Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel										
Screen slot size		Water quality (clear, odor, etc.)		Pump depth setting (feet)		Signature Driller								
WELL CAPACITY TEST					WELL ABANDONMENT									
Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping		Static level below surface		Gallons per min.						Hours tested		Drawdown (change in level)		
		feet										feet		
Grouting					Grout material Grout depth from to Installation method No. of bags used									
Grout material Grout depth from to Installation method No. of bags used					Sealing material Depth filled from to Installation method No. of bags used									
Additional space for well log and comments on reverse side														
I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete					Signature of drilling contractor or authorized representative Scott Taber									
					MUST BE SIGNED OR STAMPED Date									

WELL DRILLER DOES NOT FILL OUT THIS SECTION

County		Township	Range	1/4 of 1/4 of 1/4		Section
USGS topo map		Ft W of EL	Ground elevation	Reserve or grant name		Reserve No
Field location		Ft N of SL	Depth to bedrock	Subdivision name		Lot number
By	Date	Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water		UTM Northing
IRREGULAR LAND SURVEY other than 2nd Principal Meridian	<input type="checkbox"/> GT Greenville Treaty area (1st Prin. Merid.) <input type="checkbox"/> MD Vincennes donations and grants <input type="checkbox"/> CMG Clark Military Grant (sections 1-298) <input type="checkbox"/> MRL Michigan Road Land (sections 1-45) <input type="checkbox"/> Reserve granted by treaty (name above)	Ft S of NL	Aquifer elevation			UTM Easting

WELL LOG (continued from front)			COMMENTS
FORMATIONS: Type of material	From (feet)	To (feet)	
			<p align="center">MAP INSERT OR SKETCH SHOWING LOCATION</p> <p align="center"><i>Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.</i></p> <div style="text-align: center;"> <p>NORTH</p> </div>
			SOUTH

**RECORD OF WATER WELL**

State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES

Division of Water

402 W. Washington St., Rm. W264

Indianapolis, IN 46204-2641

(877) 928-3755 toll-free or (317) 232-4160

Number

DNR Variance

Number

Include if applicable

Fill in completely

WELL LOCATION									
County where drilled Elkhart		Civil township name Osolo		Township number (N-S)		Range number (E-W)		Section	
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.						UTM Northing			
						UTM Easting			
						Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83			
						GPS used			
Well address:						Subdivision name & lot number (if applicable)			
If drilled for water supply, this well is: <input type="checkbox"/> First well on property <input type="checkbox"/> Replacement well <input type="checkbox"/> Additional well on property <input type="checkbox"/> Dry hole									
OWNER CONTRACTOR									
Well owner--name Bill						Telephone number 262-3660			
Address (number and street, city, state, ZIP code) 53585 Lane St Elkhart IN 46514									
Building contractor--name			Address (number and street, city, state, ZIP code)				Telephone number		
Drilling contractor--name Taber's Well Drilling			Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola				Telephone number 674-8746		
Equipment operator--name Scott Taber			License number of operator 175			Date of well completion 11/26/08			
CONSTRUCTION DETAILS					WELL LOG				
Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other:		Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other:		Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____		FORMATIONS: Type of material		From (feet)	To (feet)
						Well Size (DIA)		4"	
Total depth of well (feet)		Borehole diameter (in.)		Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No		Well Depth		50 FT	
Casing length (feet)		Casing diameter (in.)		Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____		Static level		12 FT	
Screen length (feet)		Screen diameter (in.)		Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____		Depth Cut below Grade		2 FT	
Screen slot size		Water quality (clear, odor, etc.)				Sealing Material		Bentonite	
						Amount		185 EBS	
						Signature Driller			
						Inspector			
WELL CAPACITY TEST									
Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet					
GROUTING					WELL ABANDONMENT				
Grout material	Grout depth from to	Sealing material	Depth filled from to						
Installation method	No. of bags used	Installation method	No. of bags used						
Additional space for well log and comments on reverse side									
I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.			Signature of drilling contractor or authorized representative Scott Taber				MUST BE SIGNED OR STAMPED		Date

County		Township	Range	1/4 of		1/4 of	1/4	Section
JSGS topo map		Ft W of EL	Ground elevation	Reserve or grant name				Reserve No
Field location		Ft N of SL	Depth to bedrock	Subdivision name				Lot number
3y		Date	Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27	UTM Northing		
IRREGULAR LAND SURVEY		○ GT Greenville Treaty area (1st Prin. Merid.)	Ft S of NL	Aquifer elevation	accepted, verified, or determined by Division of Water	UTM Easting		
other than		○ MD Vincennes donations and grants						
2nd Principal Meridian		○ CMG Clark Military Grant (sections 1-298)						
		○ MRL Michigan Road Land (sections 1-45)						
		○ Reserve granted by treaty (name above)						

[illegible]



RECORD OF WATER WELL State Form 35680 (R5 / 9-04)

Division of Water
INDIANA DEPT. OF NATURAL RESOURCES
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Oso	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.			UTM Northing UTM Easting Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 GPS used Subdivision name & lot number (if applicable)	
Well address:				

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER CONTRACTOR

Well owner-name Kin Pers		Telephone number 264-0348
Address (number and street, city, state, ZIP code) 53601 Lane St Elkhart IN 46514		
Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor-name Taber's Well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator-name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS

WELL LOG

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other:	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other:	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other:	FORMATIONS: Type of material Well Size (DIA) 4" Well Depth 35 FT Static level 12 FT Depth Cut below Grade 2 FT Sealing Material Bentonite Amount 175 lbs	From (feet) To (feet)
Total depth of well (feet) Casing length (feet) Screen length (feet) Screen slot size	Borehole diameter (in.) Casing diameter (in.) Screen diameter (in.) Water quality (clear, odor, etc.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel Pump depth setting (feet)		

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
--	---	---------------------------	------

County		Township	Range	1/4 of 1/4 of 1/4		Section	
USGS topo map		Ft W of EL	Ground elevation	Reserve or grant name			Reserve No
Field location		Ft N of SL	Depth to bedrock	Subdivision name			Lot number
By Date		Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water	UTM Northing		
IRREGULAR ○ GT Greenville Treaty area (1st Prin. Merid) LAND SURVEY ○ MD Vincennes donations and grants other than ○ CMG Clark Military Grant (sections 1-298) 2nd Principal ○ MRL Michigan Road Land (sections 1-45) Meridian ○ Reserve granted by treaty (name above)		Ft S of NL	Aquifer elevation		UTM Easting		

[illegible]

From (feet)	To (feet)
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MAP INSERT OR SKETCH SHOWING LOCATION

MAP, INSERT OR SKETCH SHOWING LOCATION

Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.

H
↓ 3 FT
→ 0
4 FT
4" PVC
well

EAST

SOUTH



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Indiana Dept. of Natural Resources
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2841
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number _____
DNR Variance Number _____
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. Take CR 106 East of CR 13 To Lane st.				
Well address:				
If drilled for water supply, this well is: <input type="checkbox"/> First well on property <input type="checkbox"/> Replacement well <input type="checkbox"/> Additional well on property <input type="checkbox"/> Dry hole				
UTM Northing				
UTM Easting				
Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83				
GPS used				
Subdivision name & lot number (if applicable)				

OWNER/CONTRACTOR

Well owner-name Sanchez	Telephone number 266-6519	
Address (number and street, city, state, ZIP code) 53604 Lane St Elkhart IN 46514		
Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
Drilling contractor-name Taber's well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
Equipment operator-name Scott Taber	License number of operator 175	Date of well completion 11/26/08

CONSTRUCTION DETAILS

WELL LOG

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other: _____	FORMATIONS: Type of material	From (feet)	To (feet)
Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Size (DIA)	4"	
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Well Depth	40 Ft	
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel	Static level	12 Ft	
Screen slot size	Water quality (clear, odor, etc.)		Depth Cut below Grade	2 Ft	
			Sealing Material	Bentonite	
			Amount	180 lbs	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
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[illegible]

**RECORD OF WATER WELL**

State Form 35680 (R5 / 9-04)

INDIANA DEPT. OF NATURAL RESOURCES

Division of Water

402 W. Washington St., Rm. W264

Indianapolis, IN 46204-2641

(877) 928-3755 toll-free or (317) 232-4160

County Number

Number

DNR Variance

Number

Include if applicable

Fill in completely

WELL LOCATION

County where drilled Elkhart	Civil township name Osolo	Township number (N-S)	Range number (E-W)	Section
--	-------------------------------------	-----------------------	--------------------	---------

Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions).
Show well address below and subdivision in box at lower right. There is space for a map on the reverse side.

Take CR 106 East of
CR 13 To Lane st.

UTM Northing
UTM Easting
Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83
GPS used
Subdivision name & lot number (if applicable)

Well address:

If drilled for water supply, this well is: ☐ First well on property ☐ Replacement well ☐ Additional well on property ☐ Dry hole

OWNER CONTRACTOR

Well owner-name Gry	Telephone number
-------------------------------	------------------

Address (number and street, city, state, ZIP code)

53615 Lane St**Elkhart IN 46514**

Building contractor-name	Address (number and street, city, state, ZIP code)	Telephone number
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Drilling contractor-name Taber's Well Drilling	Address (number and street, city, state, ZIP code) 10100 Harrison Rd. Osceola	Telephone number 674-8746
--	---	-------------------------------------

Equipment operator-name Scott Taber	License number of operator 175	Date of well completion 11/28/08
---	--	--

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other:	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other:	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input type="checkbox"/> No pump installed Other:
Pump depth setting (feet)		

Total depth of well (feet)	Borehole diameter (in.)	Gravel pack inserted <input type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet)	Casing diameter (in.)	Casing material <input type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet)	Screen diameter (in.)	Screen material <input type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size	Water quality (clear, odor, etc.)	

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
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GROUTING**WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material	Depth filled from to
Installation method	No. of bags used	Installation method	No. of bags used

FORMATIONS: Type of material	From (feet)	To (feet)
Well Size (DIA)	2"	
Well Depth	29 FT	
Static level	12 FT	
Depth cut below Grade	2 FT	
Sealing Material	Bentonite	
Amount	32 CBS	

Signature Driller
Inspector

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete	Signature of drilling contractor or authorized representative Scott Taber	MUST BE SIGNED OR STAMPED	Date
---	---	---------------------------	------

- Well driller does not fill out this section -

County	Township	Range	Section		
JSGS topo map		Ground elevation	1/4 of	1/4 of	1/4
Field location	Ft W of EL	Depth to bedrock	Reserve or grant name		Reserve No
by	Ft N of SL	Subdivision name	Lot number		
Date	Ft E of WL	Bedrock elevation	UTM coordinates on NAD 27		
IRREGULAR LAND SURVEY other than 2nd Principal Meridian	Ft S of NL	Aquifer elevation	UTM Northing		
<input type="radio"/> GT Greenville Treaty area (1st Prin Merid) <input type="radio"/> MD Vincennes donations and grants <input type="radio"/> CMG Clark Military Grant (sections 1-298) <input type="radio"/> MRL Michigan Road Land (sections 1-45) <input type="radio"/> Reserve granted by treaty (name above)		UTM coordinates on NAD 27 accepted, verified, or determined by Division of Water	UTM Easting		

WELL LOGS (continued from front)			COMMENTS
FORMATIONS: Type of material	From (feet)	To (feet)	<div align="center"> <p>MAP INSERT OR SKETCH SHOWING LOCATION</p> <p>Locate with reference to highways, intersecting streets and county roads, and distinctive landmarks.</p> <p align="center">NORTH</p> <div align="center"> </div> <p align="center">SOUTH</p> <p align="right">EAST</p> </div>

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